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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/088,935
	Filing Date	March 21, 2002
	First Named Inventor	Mark Olijnyk
	Group Art Unit	(To Be Assigned)
	Examiner Name	(To Be Assigned)
Total Number of Pages in This Submission	Attorney Docket Number	BRI-00065

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Copy of Response to Notification of Missing Requirements Under 35 U.S.C. 371 in the DO/EO/US Signed Declaration &amp; Power of Attorney Return Receipt Postcard</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John A. Miller - Reg. No. 34985 Warn, Burgess & Hoffmann, P.C.
Signature	
Date	July 8, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 8, 2002			
Typed or printed name	John A. Miller - Reg. No. 34985		
Signature		Date	July 8, 2002

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<b>FEE TRANSMITTAL</b> <b>for FY 2002</b> <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>													
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> <b>O I P E</b>  <b>JUL 15 2002</b>  <b>PATENT &amp; TRADEMARK OFFICE</b> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/088,935</td> </tr> <tr> <td>Filing Date</td> <td>March 21, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Mark Olijnyk</td> </tr> <tr> <td>Examiner Name</td> <td>(To Be Assigned)</td> </tr> <tr> <td>Group / Art Unit</td> <td>(To Be Assigned)</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BRI-00065</td> </tr> </table>		Application Number	10/088,935	Filing Date	March 21, 2002	First Named Inventor	Mark Olijnyk	Examiner Name	(To Be Assigned)	Group / Art Unit	(To Be Assigned)	Attorney Docket No.	BRI-00065
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<b>METHOD OF PAYMENT (check one)</b>					<b>FEE CALCULATION (continued)</b>																																																																																																																																																					
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 501612</p> <p>Deposit Account Name: Warn, Burgess &amp; Hoffmann, P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>					<p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>130.00</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p>					Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	130.00	127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
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<b>SUBMITTED BY</b>					<b>Complete (if applicable)</b>	
Name (Print/Type)	John A. Miller	Registration No. Attorney/Agent	34985	Telephone	(248) 364-4300	
Signature				Date	July 8, 2002	

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